

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032201

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 364 Primary Registration District No. _____ Registrar's No. 358VS 300
Rev. 4/59b940
20940

3

4 0

5 2

6

7 0

8 2

94201

10

11

122-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Farmington-rural		Length of stay in 1b 11 hrs.	c. CITY OR TOWN Elvins Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION M. A. Osteo Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Flat River, Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SAMUEL Middle D. Last Mc DOWELL		4. DATE OF DEATH Month August Day 19 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/29/1376
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 11 Days 20	IF UNDER 24 HR Hours 20 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Millwright		10b. KIND OF BUSINESS OR INDUSTRY Lead	11. BIRTHPLACE (City and state or country) Madison County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Joseph McDowell	
13b. MOTHER'S MAIDEN NAME Jane Burns		14. NAME OF HUSBAND OR WIFE Carrie (Howell) McDowell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Clyde McDowell 119 6th. Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Flat River, Missouri		COUNTY _____ STATE _____	
21. I attended the deceased from 8-18-62 to 8-19-62 and last saw him alive on 8-19-62 Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. E. Howell, D.O.		22b. ADDRESS Flat River, Missouri	
22c. DATE SIGNED 8/20/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8/21/1962		23c. NAME OF CEMETERY OR CREMATORY St. Francois Memo. Park	
23d. LOCATION (City, town, or county) St. Francois Co. Mo.		24. FUNERAL DIRECTOR Murphy L. Sparks	
24. ADDRESS Flat River, Mo		25. DATE RECD. BY LOCAL REG. Aug 20, 1962	
26. REGISTRAR'S SIGNATURE Ether Rindley			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murphy (Sparks)

Licensed Embalmer No. 4230

P. O. Address 1st Ave, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.